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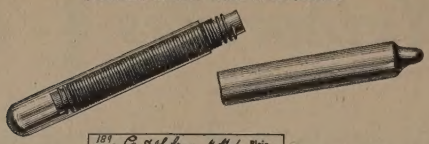

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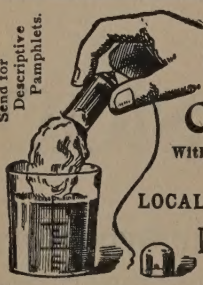

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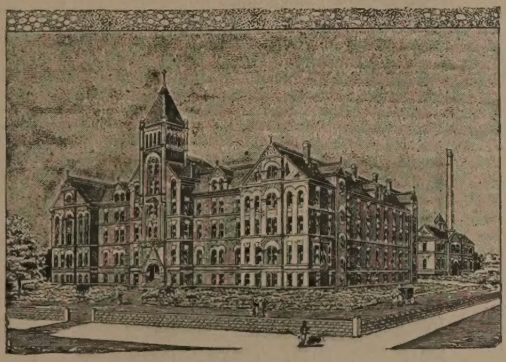

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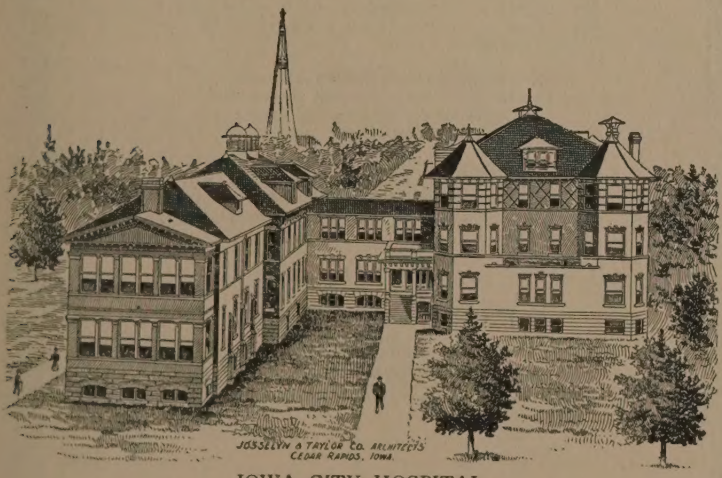

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IOWA MEDICAL JOURNAL.

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HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF
J. F. KENNEDY, M. D.,
Secretary Iowa State Board of Health.
ASSISTED BY
R. E. CONNIFF, M. D.,
Member Iowa State Board of Health, Sioux City, Iowa.

THE RELATION OF THE GOVERNMENT TO PUBLIC HEALTH.*

By H. B. Jennings, M. D., Council Bluffs.

THE FORMATION of governments is the result of civilization. All laws are intended to protect the citizen in the enjoyment of life and liberty. Sanitary laws, dealing with the health of the public, are of comparative recent date, and are the product of the highest degree of civilization.

Boards of health are of recent origin — considerably less than fifty years. No question is of more importance than that of the health of the public. Prosperity, happiness, contentment, and even a better Christianity, are all found more generally among those people who can appreciate the subject in its magnitude. Its scientific study is as yet in its infancy.

Scientific medicine and recent discoveries have made it possible for us to do much that was impossible a few years ago. It has largely eliminated superstitious ideas from the ignorant mind and acquainted them with ideas as to disease which are far from the ideas and superstitions entertained a generation or so ago. Our government has never taken any very active interest in the health of its citizens except in times of threatened invasion of some pestilential disease from some other country; during such times quarantine more or less rigid has been established.

The health of the people so far as regards supervision by boards of health is dependent upon state boards, with their local auxiliary boards — these local boards in very many cases exist in

*Read before the Iowa State Medical Society, at Marshalltown, May 19, 1897.

name only. The different states of the union are not by any means all as fortunate as Iowa in having efficient boards whose members individually, and collectively, are enthusiastic in their endeavors to look after the health of the citizens of the state and protect them in all ways possible from the spread of contagious diseases, and in fact protect as far as possible against all those diseases which we now know to be preventable. There are some other states having first-class health boards, but there are also some which have very poor boards or none at all. Moses, in his time, recognized the importance of sanitary laws, and had a knowledge of these matters which we can view with wonder and admiration.

The ancients, when threatened with pestilence, endeavored to stay its progress by sacrifices to their gods — and in the more recent times Christians have depended upon prayer to the exclusion of proper means for prevention.

It was only when contagion was recognized as the factor in causation that preventive medicine took a long step forward.

The eastern countries long ago maintained quarantine during times of epidemics, the quarantine being so rigid as to work many unnecessary hardships, but as the knowledge of causes of disease became more thorough restrictions were modified. England, because of her great commercial interests, has been a pioneer in matters pertaining to public health so far as quarantine and protecting against carrying of infectious diseases. It has been to her interest to quarantine just so long as necessary for protection. The first international congress for discussion of this subject was held in Paris in 1851, since which time there have been a number of international congresses which have been the means of evolving the present rules, the observance of which have prevented many an epidemic, saved many lives, and interfered only so far as absolutely necessary with commercial enterprises. Our government has taken part in these joint discussions and been active in times of danger to prevent invasion of pestilence, such as cholera or yellow fever, but beyond this there has not been much done to prevent sickness and prolong the lives of the citizens by studying means for preventing those diseases which are preventable, and we have constantly in our own borders diseases which every few

years are the causes of more deaths than any epidemic of pestilence we ever have had in this country. From time to time the subject has been agitated of establishing a national board of health or some sort of an organization to act in union with state boards for the control of preventable diseases.

In 1878 a bill was introduced into congress and passed both houses, giving the surgeon general of marine hospital service power to formulate such rules and regulations as he should deem proper for the suppression of the introduction of contagious and infectious diseases into the United States. There was much opposition to this and it was never carried out, but in 1879 there was an act passed authorizing the establishment of a National Health Board whose duties were to inquire into all matters affecting the public health — but this was allowed to pass into oblivion, and thus far all endeavors to establish a central organization by the government which would be of lasting and certain value have failed — more or less completely. There is no subject of more importance for the government to consider than that of the protection of the lives and health of her citizens. A nation of healthy people, free from disease, will outclass in industry, prosperity, contentment and morality any nation that is afflicted with diseases, sickness and indolence. Is it not of as much public interest as matters of state, of treasury, army, navy or agriculture, which all have cabinet officers to consider matters pertaining to their welfare? The proper organization of a central executive board by the government would make it possible to attain incalculable good, which can never be accomplished if left to each state to act alone and unaided. The best local boards in Iowa are in closest touch with the state board, and most carefully carry out the rules of the state board and formulate such others as they may find necessary for the protection of the health of their citizens. How much more good would be accomplished if the government, instead of individual states, took the lead and made it possible for each state of the Union and every local board to be assisted by an organization whose opportunities are unlimited. The government can call to the aid of such an organization all the different branches.

There is nothing equaling the census bureau for obtaining data upon which to base legislation in such matters. Vital statistics would be obtained through this means much better than by any other. The weather bureau and signal service gather much information which can be used with benefit in the study of etiology and prophylaxis of disease. Coast and geological surveys furnish much information which would be of service.

The bureau of animal industry, which is now a part of the department of agriculture, can furnish much valuable information. By the assistance and supervision of this bureau it would be an easy matter to completely eradicate tuberculosis from the cattle of this country, and in this way lend great assistance in controlling the disease most dangerous to human life in this country. It costs more money each year to care for the sick with this disease than it would to destroy every animal affected with it.

The establishment of a department of health by the government would make it possible to do more toward controlling disease than can ever be done by the states acting alone and unaided. Rules can be formulated and laws passed which will not conflict with the rights of the different states and yet make uniform laws, and by the aid of the government make it easier to enforce them.

The power of the federal courts would be a great factor in enforcing these laws. Such an organization should be protected by the civil service and not make the office the reward for political services. The men should be qualified for the positions, — this would insure more efficient service. It should be free from the influences and jealousies of the army and navy, and be made an active part of the government. The consummation of some such plan rests with the medical profession. Since the most unselfish philanthropy is found within the borders of our profession it is not strange that we should above all others seek to improve the health of the people.

Medical men have at a sacrifice of business that might enrich them cast aside prospective gains and are earnestly advocating legislation for the protection of the public health.

Should not our government which watches with jealous care any assault upon our flag or people take the same interest in these matters by lending a helping hand to stay the ravages of enemies

more subtle, perhaps yet more dangerous,— enemies whose victims are the unsuspecting public? The wail sent up from starving men and women in India and our neighbor Cuba reaches our ears and calls for aid which is given without hesitation. We might well look around our immediate vicinity and see more to interest us in the welfare of humanity. The ravages of tuberculosis, typhoid fever, and all infectious diseases, are as terrible to contemplate as are those of war.

The money spent in caring for the sick would more than maintain the boards the country over.

SANITATION IN OUR PUBLIC SCHOOLS.*

By Frederic S. Thomas, M. D., Council Bluffs, Iowa.

MY REASON for presenting a paper upon a special subject connected with state medicine, rather than a report upon the advance made in sanitary science during the past year, is that each of you has doubtless watched the current thoughts as presented by our medical journals upon this most interesting subject.

Sanitation in our public schools is a subject, however, that is not discussed with the enthusiasm, it seems to me, that it merits.

A little investigation along this line in his immediate neighborhood would satisfy the most unobservant that the subject is not a hackneyed one.

So much of the early life of children is spent at school and beyond the immediate control of their legal guardians, that it is not unnatural that we should concern ourselves regarding their environment.

A well ordered system of public education cannot be instituted without taking into account proper sanitation.

The state, through various boards, has taken upon itself the responsibility of the educational supervision of our children. May we not, then, as medical men and women, as parents or as friends of the free school system, demand of the state such

*Read before the Iowa State Medical Society, at Marshalltown, May 19, 1897.

methods as will promote physical vigor as an accompaniment of intellectual training?

Much thought has been given by educational associations to the course of study best suited to the wants of their pupils. A great deal has been said by medical men, both before this society and elsewhere, about the evil effects of overcrowding the youthful brain; less, however, regarding proper sanitation in our school room.

Many of our leading medical colleges have wisely established a chair of state medicine. Our efficient State Board of Health, as well as those of other progressive states, has done much to bring this matter before the proper authorities. The normal schools of our state should likewise make sanitary science a part of their college curricula.

The establishment of free education for the masses was undoubtedly intended to prepare them for the responsible duties of citizenship. The knowledge thus gained along the well established course of study in our public schools, with no perfected system of physical training, is not enough to make them useful members of society.

Permit me, then, to present a few thoughts upon this important subject, more to bring it to your attention than to formulate an elaborate system of sanitary procedure.

SCHOOL HYGIENE.

Since children are more susceptible to morbid influences than adults, the school should be hygienically located. The beauty of architectural design should in every case be subordinate to the demand for abundant sunlight, and the building so constructed as to make dampness, either in cellar or walls, unknown; the locality should be far from swamps, ponds, or excessive tree growth.

VENTILATION AND HEATING.

Upon no subject connected with the construction of school houses are we so ignorant as upon that of heating and ventilation. Our location as a state, geographically, is such that during most of the school year fires must be maintained for the comfort of the pupils. This prevents the possibility of window ventilation, as in

summer. The importance of good ventilation cannot be overestimated.

Since each person vitiates more than two thousand cubic feet of air each hour, much ingenuity is required to furnish that amount of pure air at a temperature of not less than 65° degrees Fahrenheit.

The condition of the air in the ordinary school room, should we stop to think of it, is simply staggering. Contained in it are the odors and vapors arising from repeated respiration; minute particles cast off by the activity of the skin, as well as exhalations emanating from unclean bodies, ill-ordered mouths, and dirty clothing. These latter evils too frequently accompany the cleanly pupil in his daily task in the city school.

To properly ventilate rooms, and at the same time to preserve a uniform and wholesome temperature in them, is a problem that demands our most earnest attention.

THE EYES OF SCHOOL CHILDREN.

The use of text-books in our schools makes the question of eyesight an important one. The alarming increase of nearsightedness found, ranging as it does, from less than two per cent in the primary grades to over twenty per cent in the high school, points strongly to overwork during the years of most active bodily development.

The amount of light, the arrangement of desks, the color of the walls, the number of hours of close visual toil, and the size and form of the letters in our text-books, are factors in the development of myopia.

Cannot medical men, and especially ophthalmologists, do something along the line of preventive medicine, so that the beautiful face of childhood may not need the disfigurement of eyeglasses?

DRAINAGE.

It will not alone insure health to the pupil to prepare for the proper heating and ventilation of the school-room, nor for the care of his eyes, if we neglect so important an accessory as drainage.

"A system of sewerage, therefore, presupposes the existence of decomposing and decomposable materials, or sanitary filth. If we use the term in the broadest sense, it should include, besides the contents of the sewers and drains, those of pig-sties, manure heaps, privies, cess pools," etc.

We know it is through the agency of specific germs that such a disease as diphtheria is caused, but it is filth that furnishes a favorable soil for their development.

Scarlet fever cannot be said to be a purely "filth disease," yet it does co-exist very often mid unsanitary surroundings. These two diseases, more than any others, are the black flags that hang so often over our school houses, showing no mercy when their innocent victims are stricken. Should we not demand of those in authority that our school houses be kept in an aseptic condition?

DISORDERS OF THE NERVOUS SYSTEM.

Those who have observed the effect of liberal education upon the masses for several generations, see presented many perplexing questions.

While it is certain that nervous diseases are on the increase, it is not so certain that our present methods of education are alone responsible therefor. How far these methods add to or detract from the nervous debility of an individual, is a question easily asked but much less readily answered. The problem must be studied with reference to the class room, the street, the home, and places of entertainment.

That vague something called nervousness is more common among pupils than it should be in children of their age. Especially do we find this the case among girls in the high school, or after their graduation,— weakened rather than strengthened during their school years.

If there be defects in our school system which produce these results, they must be discerned and remedied.

A certain number of children in every school have inherited a well marked neuropathic constitution and are incapable of the high pressure common to the age. It is impossible for some of them to go through the full routine of school work. Many of them drop out early, before they even reach the high school.

Others with feeble bodies and precocious minds continue in school and not infrequently are stimulated to overwork until the goal is reached, then finally sink into a condition of chronic invalidism.

Such a condition must not be charged to the school work alone; the ambitious and unwise parents should bear their share of the blame.

How often these unfortunately brilliant pupils are driven by the flattery of friends and the applause of the public to make literary efforts outside the school room.

We see in our schools many such children, and they should be provided for in the very best manner possible. In fact they require better training than others, and any system of training that ignores this fact cannot result otherwise than disastrously.

"To the nervous temperament belong social and intellectual gifts and graces, originality, intensity, poetry, art, philanthropy, without which we should be great losers. Within reasonable limits this nervous temperament, if fairly trained, is a great benefit to society and the world."

It is not necessary for me to argue before this society the value of physical health. To many in the school, nature — through a good parentage — has vouchsafed a goodly share. It is for those not so fortunate I would make my appeal.

The system adopted by most of the schools of our state presupposes that each pupil has inherited a good constitution and a normal mental organization, and all are required to accomplish the same routine work. No plan has been adopted to ascertain the capability of the child. Often, if he be mentally dull, he becomes an object of dislike rather than solicitude, to his instructor.

Many children have unfavorable home influences, living in crowded dirty rooms, eating unwholesome food, and are deprived of the moral element of education.

Some are sent to school at too early an age, to relieve the home of their noisy presence, when they should have remained there laying the foundation for a healthy body by well directed physical excercise.

Undoubtedly children under the age of twelve years, are confined too many hours in the school room without the much coveted

exercise. Pupils so young cannot bear much, if any, more than an hour's continuous study without harm.

To adjust the school work according to the age of the pupil, or to different degrees of health and strength, especially to the different manifestations of nervous constitution, is a problem for medical men to solve.

In the city of Brussels each school is visited weekly by a trained medical inspector, who examines the school room for suggestions regarding improvement in construction, ventilation, heating, etc. He looks after the condition of the air, drains, and all matters affecting the health of the pupils. He sees that the temperature of the room has been recorded four times a day, and he compares for himself the temperature at different places,— near the floor, on a level with pupil's heads, and toward the ceiling. He prescribes the various means and methods of exercises, including the out-door gymnastics ; directs the walks, excursions, and instructs in swimming, carefully looking over each child to see whether he or she is strong enough for the full routine in these exercises as well as in the matter of studies. If, in summer, the temperature exceeds 82.4° Fahr., he dismisses the school, and may order pleasant walks in place of the regular school duties. He is to superintend the physical development of the pupils, and to advise against too fatiguing methods or courses of study. He keeps records, taken at regular intervals, of the height, weight, general condition, etc., of each pupil, which constitutes a sort of life history, to be carried home and kept by each one upon leaving school.

He instructs the teachers how to recognize infectious diseases in their early stages, and sees that the regulations regarding them are enforced. He devotes especial care to weak and sickly children, to see that they get the best possible result from the school training, supplying to them medicines, chiefly tonics, free of cost. Children under fourteen years of age, after each three-quarters of an hour's study, have fifteen minutes recreation, which must be in the open air, when the weather permits, and this the medical inspector regulates. The physical examinations of the pupils include particularly the eyes, any defect in which is corrected, as far as possible.

In Frankfort-on-the-Main there have been buildings for gymnastic exercises under the supervision of the public schools, but entirely separate from them, and supported by the public, for more than thirty years.

The Germans and the Belgians are thoroughly satisfied with the result of their plan for the physical development of their school children. They know it costs them money, but they claim they are more than compensated by the lessened expenditure for prisons, poor houses, hospitals, and jails.

Cannot the larger cities of our state learn wisdom from those across the sea? Should not the aim of modern education be to foster the physical as well as the intellectual and moral development of our children?

To accomplish this, in a country like ours, we must leave the problem of ventilation to the architect; that of drainage to the civil engineer; that of the eyes to the *learned* ophthalmologist; the course of study to the educator; while the mental and physical capacity of the pupil belong to us as physicians. Each must separately do his share in solving this great question.

No one can fail to recognize the importance of this vital question thus briefly touched upon in this paper. In educating the young, we assume responsibilities which are momentous alike to the child, the state, and the nation.

Let this be our motto then: "*Sanitas sanitatum, omnis est sanitas.*"

Baby's Turn Next.

Mrs. Briske—"Johnny, did the doctor call while I was out?"

Little Johnny (stopping his play)—"Yes'm. He felt my pulse an' looked at my tongue, an' shooked his head an' said it was a very serious case, an' he left this prescription an' said he would call again before night."

Mrs. Briske—"Gracious me! It wasn't you I sent him to see; it was the baby."—*New York Weekly.*

GYNÆCOLOGY, OBSTETRICS AND PÆDIATRICS.

UNDER THE CHARGE OF
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REPORT OF TWO CASES OF INVERSION OF THE UTERUS.

Also, Two Cases of Puerperal Septicæmia, Treated by Large Hypodermic Injections of Creosote.*

By Geo. F. Jenkins, M. D., Keokuk, Iowa.

INVERSION of the uterus is sufficiently infrequent to be of interest to any general practioner; therefore, I ask the indulgence of this society, while I report briefly two cases that have come under my observation.

While this is one of the most infrequent, it is also one of the most serious accidents that can befall the lying-in woman. It has been defined, the turning of the uterus upside down and inside out. It may be complete or incomplete and may occur during the third stage of labor, or in some rare instances, several hours or days after the delivery of the placenta. The cases I have to report were of the complete variety and both occurred during labor.

There have been numerous causes given for this serious complication of delivery. Irregular contractions and inertia of the uterus are frequent etiological factors. The attachment of the placenta to the fundus, is a predisposing cause. A very short cord, so there is strong traction during the delivery of the child; pressure upon the fundus when the organ is relaxed; pulling upon the cord immediately after delivery, before firm contractions

*Read before the Iowa State Medical Society, at Marshalltown, May 19, 1897.

occur, especially if the placenta is attached to the fundus, are some of the exciting causes.

According to some authorities the accident occurs only once in 140,000 deliveries; others state that it is of much more frequent occurrence, once in about 2,000 labors

I think the complication happens oftener than shown by statistics. Many cases are not reported and some are never discovered.

The symptoms of inversion are sudden, pronounced and alarming hemorrhage, pain, restlessness, pallor of countenance, syncope, a quick, weak or nil pulse, etc.

The uterus may protrude from the vagina and present the appearance of a large pyroform, bloody, muscular body between the thighs, or it may only fill and distend the vagina and not be forced externally; in these cases the blood gushes from the vulva and upon passing the fingers you feel the fundus of the uterus with the placenta partially detached. If you grasp this mass with the right hand and place the left hand on the hypogastric regions through the relaxed abdominal walls, you can readily feel and outline the upturned os. If you carefully feel this ring and crowd your fingers into it, while at the same time you move and manipulate the body of the organ with the right hand, in the vagina, you become at once absolutely convinced as to the diagnosis of the case.

After having had a large obstetric practice for more than twenty-eight years I saw my first case of inversion of the uterus. I was called by telephone to a neighboring town in Illinois, in consultation with Dr. J. I arrived about an hour and a half after delivery. The Doctor met me at the door and informed me that he had a case of inverted uterus; that he had detached the placenta and worked till he was all tired out, but had failed to turn it back to its normal condition. (In my opinion he failed because he tried to force the part up first that came down last.)

When I went into the lying-in room I found the woman pallid, fainting and pulseless, from shock and loss of blood. I immediately removed my coat, bared my arms and washed them thoroughly in a warm bichloride solution, then after lubricating with vaseline, I examined the patient and found all the physical

signs of complete inversion of the uterus. I had never seen a case, but I knew what had to be done and done quickly, if I saved her life.

I first grasped the uterus with my right hand and forced it back into the vagina — our patient was so exhausted and relaxed from loss of blood that we did not give chloroform — then with my left hand on the hypogastric region, embracing the upturned patulous os, so as to steady it and keep it from retreating before the pressure, I commenced to indent the fundus with the tips of my finger, first with two fingers and then with all of them and the thumb made into a cone. I firmly, but carefully and cautiously forced the fundus up with my right hand — while with the left I made counter pressure on the ring-like neck above — carrying my hand up through the os and into the normal cavity of the uterus.

The Doctor gave her ergot and strychnia hypodermically, and as the uterus began to contract, I grasped it laterally with my left hand externally, so as to prevent re-inversion, while I slowly withdrew my hand from the uterus. The uterus was thoroughly irrigated with a hot bichloride solution and then with sterilized water. She was given a small dose of morphia and atropine hypodermically and placed upon tonics and nutritious diet. She was very anæmic and weak, but made an uninterrupted and perfect recovery.

Strange it may seem, that within a year from the time that the above case came under treatment I should have another case of inversion of the uterus and this one in my own practice.

Mrs. J., a primipara, was in labor a part of the day and all night, pains regular, but seemed inefficient and as though something was holding the child back; finally when the os was well dilated, not knowing what impeded labor, but fearing to wait longer, I applied the forceps, with the woman well under the influence of chloroform. I delivered a living boy without much difficulty. I found the funis very short, but tied and cut it as usual and gave the nurse the child.

While waiting a few moments, for uterine contractions to cause the expulsion of the placenta, I noticed the pulse began to get weak and rapid, the countenance pale, the blood to gush and

symptoms of syncope to develop. Placing my hand on the hypogastric region and failing to find the uterine tumor, I attempted to pass the fingers of the right hand into the vagina, when they came in contact with the inverted uterus and partially detached placenta, covering the fundus, from which hung the umbilical cord only eight inches long. I immediately called the nurse and told her to give chloroform, so I could pass my hand, turn out the clots and stop the hemorrhage. After washing my hands in an antiseptic solution, and thoroughly oiling them, I proceeded to turn the uterus back to its normal condition, pursuing essentially the same method I used so successfully in my first case. The operation was so easily and quickly performed that the nurse does not even suspect to this day that there was anything very serious the matter with the woman. The uterus was washed out with a bichloride solution and then with hot sterilized water, and notwithstanding she had some mild septic symptoms for a few days, her recovery was entirely satisfactory and complete. The cause of the inversion in this case was the attachment of the placenta to the fundus and the abnormally short cord, together with the thorough relaxation of the uterus by chloroform. The fundus was pulled down by the cord during the traction with the forceps — the cord being so short that the child could not be delivered in any other way, unless it had been possible to know the condition and cut the cord. I deceived the nurse and members of the family as to the nature of the accident, for the reason that I did not wish to occasion unnecessary alarm, and also because I did not wish to be blamed for the development of a serious complication, which could in no way have been prevented by the utmost care and skill.

From my experience with these two cases, I think that where complete inversion of the uterus, occurring during the third stage of labor, is recognized at once and properly and promptly restored to its normal condition recovery should very generally follow. Antiseptics should always be used, and after the whole uterus is forced up into the vagina, the fundus should always be the first part forced back to its normal condition, and then other organs naturally and easily follow.

Two Cases of Puerperal Septicæmia Treated by Hypodermic Injections of Creosote.—Having read an extract in one of the journals stating that Drs. Cologne and Mehrtens, of Germany, very highly recommended hypodermic injections of creosote in puerperal septicæmia, I determined to try the treatment upon the first severe case presenting itself. I was very soon called to attend the following rather unusual case.

Mrs. T., aged 38 and mother of ten children, a fleshy woman with a very pendulous abdomen. From frequent pregnancies and hard work without any support the muscles had lost their strength and yielded to a greater extent than I ever saw before. I had not seen the woman during her pregnancy, and when her husband called to consult me it was in consequence of her not feeling the fœtal movements any more. He said she had no pain, but that she felt worried, because she was past time and all movements had ceased. I told him I presumed she was mistaken about her time, but if he wished I would see her. He said he would consult her first. I heard nothing more about the case for about a week, when I was called and found her lying in bed with a pulse of 120 and temperature 102°. She was lying on her side and the fundus of the uterus resting on her knees — all support from the abdominal muscles being removed, the uterus had dropped forward and downward. The pubes acted as a fulcrum, and all the ligaments stretched to such an extent, that the os was lifted into the abdominal cavity and pointed upward and backward. The child being evidently dead, a fetid discharge from the vagina, the abnormal position of the uterus and the general septic symptoms caused me to say that she must be delivered at once ; that normal labor would never come on with the uterus hanging down in that way. They said I should do what I thought best. She already had puerperal septicæmia, as evidenced by the quick pulse, elevated temperature and other symptoms. I immediately irrigated the vagina with a warm bichloride solution, placed her on her back, and with my hands under the fundus, lifted it upward and into the normal position, and had it held there, by the nurse, while I, after another antiseptic irrigation, proceeded to deliver, by manual dilation of the os and the subsequent application of the forceps. She was very soon delivered of a large boy, that had

been carried over time and had evidently been dead about ten days.

The uterus was immediately irrigated with a hot bichloride solution, followed by sterilized hot water. She suffered from great pain, had a pulse of 140, temperature 103°, with vomiting and great exhaustion. I gave her a small dose of morphia and atropine hypodermically, also a large dose of digataline and strychnia, by the same method. These remedies were given, by the nurse, every three hours, alternately, during the night. When I saw her in the morning the abdomen was very tympanitic and tender, temperature 103½°, and other symptoms greatly aggravated. I washed out the uterus again with the antiseptic solution and sterilized water, and continued to do so, night and morning.

All the symptoms being very unfavorable, I concluded to try creosote hypodermically, in large doses. I went to the drug store and got the following prescription:

℞. Beechwood creosote, camphorated oil, *aa*, ℥i.
Sig.: Shake well and give 20 drops hypodermically, in the thigh, every four hours.

This was given faithfully for several days, and seemed to lower temperature, control vomiting, relieve distention of abdomen, and stop fetor of the lochia.

She made a rapid and complete recovery. Her last five children had been dead born, and, from what I could learn, death in each case was caused by the abnormal position of the uterus during the later months of pregnancy. I have tried the hypodermic injection of large doses of creosote in one other very severe case of puerperal septicæmia since, with the same happy effect. Of course, I washed out the uterus and gave other orthodox treatment in both cases, but I believe that creosote was very largely instrumental in saving the lives of both patients, and without such treatment one of them would certainly have died.

Beggar (piteously)—"Ah, sir, I am very, very hungry."

Dyspeptic (savagely)—"Then have the decency to keep your good fortune to yourself. I haven't had an appetite for years."

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF
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NOTES ON EPILEPSY.

By Max E. Witte, M. D., Mt. Pleasant, Iowa.

VIEWS on the etiology of idiopathic epilepsy are still much divided, and no one cause is well established, or generally accepted.

While some progress has been made of late years in the pathology of chronic epilepsy, where time has allowed the disease to produce recognizable organic changes in the brain, the beginning of the morbid process is still shrouded in mystery, and the disease is generally considered functional. Now this adjective is employed to cover our ignorance. We have no knowledge, nor can we conceive of, force by itself and acting independently of matter. Every change in function must have a material substratum, and if in functional neuroses the physical change has escaped our ken, it is, nevertheless, there, and is probably molecular in character. That this is so in epilepsy is demonstrated by the fact that, after some duration of the disease, well marked alterations in some of the organic elements of the brain are observed. Thus is found an increase of neuroglia, amounting in some cases to a sclerosis, in the cerebral cortex and the medulla. Further, Chaslin and Van Gieson have observed and demonstrated degeneration, vacuolation, and complete destruction even, of cortical nerve cells, especially of the small pyramidal cells of the second layer. Fusiform dilatation and tortuousness of the smallest blood vessels, with considerable increase in the perivascular spaces, and small hemorrhages, are noticed, caused by the repeated tempests of epileptic eclampsia.

Observers have sought for a cause, or combination of causes, underlying these changes and producing the convulsive seizures. Amongst the more recent investigators may be mentioned Kraniski, who is of the opinion that epilepsy is due to disorder of tissue

change. He observed departures from normal metabolism, and especially noted decreased formation and elimination of uric acid. This subinvolute product of retrograde metamorphosis acts as a poison on the cells of the nervous centers, and on reaching a certain point, acts as an irritant to the eclamptic center, and a general epileptic explosion follows. He looks upon the fit as a measure taken by the system in self-defense, against the products of this morbid tissue change. Blood taken from patients during intervals between fits, and injected into rabbits, produced no result, but blood taken during a fit, and injected, caused convulsive attacks and paralysis of the posterior extremities, and usually death after some days.

Again, Gutnikor explains the epileptic convulsions by the increased tissue change within the nerve cells, consisting mainly of greater chemical action, due to the unstable phosphorus compounds. He found the amount of phosphorus high in the brains of patients who had suffered with epilepsy, and thought death in such cases might be due to the system being unable to eliminate this greatly increased phosphorus. This view has the fact in its favor that there is a great increase in phosphates in the urine after an epileptic attack.

Here may also be mentioned the views of Pierre Marie, that epilepsy is often due to infection, and the seizures brought about by the irritation of toxines on the cortical cells.

Equally divided are the opinions of observers on what might be called the mechanism of an epileptic attack. Some consider the presence and influence of a convulsive center in the floor of the fourth ventricle essential. Others again think this unproven, and unnecessary, and locate the first irritation in the cortex.

Views on the vascular changes which take place during a fit, even, differ. Horsely, who strongly argues for a cortical origin of the fit, thinks there is present during the attack a state of cortical hyperæmia, instead of anæmia, as has been supposed more generally. To one who has had frequent opportunities to observe a fit in all its stages, these conflicting views appear partly right and partly wrong. Both anæmia and hyperæmia are present during successive stages of the attack. Synchronous with the initial cry, and the spasm of the expiratory muscles and glottis, which

produces it, is vasomotor spasm of a tonic type ; the face blanches, the pupils dilate, consciousness fails suddenly and completely, and there seems to be but little doubt that the arterioles of the cerebral cortex are as completely shut off as are those of the face. Next the vessels dilate, the face becomes turgid and cyanotic, the vessels are visibly overdistended to bursting with non-oxygenated blood. This condition of the blood explains the continued unconsciousness. On the breathing improving the cyanosis gradually disappears, but evidence of hyperæmia remains. The patient gradually regains consciousness or falls asleep.

Again, a more active cerebral hyperæmia may follow in the wake of the attack, and delirium, hallucinations and acute mania, with irrational and often homicidal impulses, supervene. In petit mal the same changes, but of less intensity and duration, are observed.

In treatment nothing new has survived with credit the crucial test of time. The borax treatment for a time had advocates, but its friends at this time apparently are few. The mixed bromide and opium treatment of Flechsig still has adherents who think well of it. In the writer's experience it has, like so many other measures, been sorely disappointing. It must be said, however, that the cases which come under our care are almost invariably of a most inveterate and hopeless type, and that the Flechsig treatment may do better service in more recent and promising cases. The bromides thus far have maintained their supremacy in the treatment of what is at best a very intractable and obstinate malady, especially in its later stages. In one very obdurate case wherein almost everything from the patent "sure cure for fits" to the most approved remedies had been employed, and employed in vain, the hydrocyanate of iron (Tilden) has been of decided benefit. In this remedy the hydrocyanic acid is in loose combination and exerts its sedative influence. It is needless to say that the utmost care should be taken in its administration.

Surgical treatment of true idiopathic epilepsy has been void of good results, and as much may be said of symptomatic epilepsy of long standing. In epilepsies due to injuries of nerve tissue, surgical relief must be employed soon to be of service. It must be employed before the epileptic habit has been established, and

degenerative changes have been wrought in the nerve cells involved.

The bromide treatment alone can scarcely ever be depended upon for relief, but must be reinforced by regulated habits, improved bodily functions and protection from whatever may exhaust or disturb over-sensitive nerve tissue. Good sleep must be secured, if necessary with the aid of chloral, sulfonal, or the like. The diet should be light and especially restricted in nitrogenous food as well as in hydrocarbons.

The epilepsy of early life offers the best prospect of improvement and cure by treatment. Treatment in these cases should be vigorous and sustained. And here I would like to enter a most urgent plea, that treatment be kept up for a long time, even years, after the disappearance of the convulsions, with a hope, that with the active cell life and regeneration of youth, the epileptic habit may be permanently outgrown, and the epilepsy of later life, which usually is without hope, may be prevented.

Of epileptics on the whole it may be said that they form a family in the many-branched class of "degenerates." Hence they are, anthropologically considered, individuals in whom the upward trending developmental forces inherent in the race, have culminated; in whom the neurons of the cerebral cortex fall short, in evolutionary growth, of the standard reached by civilized man, or even by the average of the race. They are side products on the tree of life, whose tendency is downward, to involution, to extinction. They have impressed on them, by inheritance or unfavorable circumstances, vicious modes of nerve cell life, which they in turn transmit, in an intensified form, to their offspring.

The epileptic bears almost invariably the physical stigmata of degeneration. Even in his pre-epileptic life he shows abnormal irritability of the cortical nerve cell. He is excitable, without self-control, and given to erratic and often cruel deeds. The inhibition of the will, carrying out the decrees of reason and the moral sense, is sadly deficient. As a child the future epileptic may be unusually bright and precocious, and give rise to hopes which the future sadly shatters. A disharmony of all the faculties is early seen. Selfishness, which remains, as in other degenerates, a characteristic throughout life, stands out prominently. Mental

growth takes place early, is usually deficient in certain directions and of short duration, the individual falling short of expectations. In his cerebral cortex the sensory cells,—which receive impressions from self, from the sympathetic system, from the organs and parts connected with his animal life,— preponderate in influence over those cells receiving impressions from the world without. In the later stages of the disease the cortical layer, supposed to have a special sensory function, is observed to be especially subject to degeneration and atrophy, with disappearance of the connecting fibers going to motor cells, thus leaving these motor neurons, already abnormally excitable and irritable, void of inhibitory influence. In the large pyramidal motor cell no doubt something like what is supposed to take place by Gutnikor really occurs. The molecular combinations are of a lower and less resistant type and discharge the stored nerve force with less excitation, or, even when they have reached a certain point, are self-explosive.

Of prevention what can one say? The prophylaxis which really defends, should have been exerted in the parents, the grandparents, or even still more remote ancestors. Epilepsy, like all constitutional nerve disorders, should not be allowed to perpetuate itself by the infusion of new and healthier blood. Epileptics should never be allowed to perpetuate their species, and it is our duty as physicians and conservators of the health of the race, to exert our every influence against it.

Superior knowledge involves greater responsibility, and knowing, as we do, the great role played by heredity in the transmission of nerve disorders, it is criminal to consent actively or passively to the marriage of individuals in whom a neurotic tendency has been at all marked. We are more than our "brother's keeper"; we are the guardians of generations yet unborn.

SURGERY.

UNDER THE CHARGE OF
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SOME OF THE ESSENTIALS OF SUCCESSFUL SURGERY.

By J. E. Summers, Jr., M. D., Omaha, Neb.

ALTHOUGH it is desirable to surround our patients about to be operated upon by every safeguard intended to reduce to a minimum the dangers of wound infection, yet it must be apparent that there is much stage setting in the supposedly up-to-date surgery, the scenery and costuming often veneering poor actors, too little drilled in their art, too ambitious to become stars without first learning to fill creditably the position of understudy.

Gerster has well said: "Unremitting attention to and a severe self-discipline in always carrying out the measures of strict cleanliness known to be necessary to uniform success in the management of wounds will gradually become, however irksome in the beginning, a mere matter of accustomed routine. As the mind and senses learn to exercise vigilance without special effort, the surgeon's results will become more and more gratifying. His attention, freed from the severe strain unavoidable in acquiring command of the detail of a difficult business, will concentrate itself upon higher objects, and the smooth routine resulting from long and severe training will not divert attention from the finer detail of his special work." It is very easy sailing for a hospital surgeon to do his work, surrounded by a corps of keen, trained assistants, both men and women, eager to aid; having at command all the essentials and many unessentials of the well equipped operating room. There is little anxiety so far as infection from his own made wounds is concerned, but it is a different affair for the same surgeon when called upon to carry on his art under the same circumstances that is the routine of the country practitioner. May be in the well ordered home of the thrifty villager or farmer, oftener, it seems amidst surroundings of poverty and perhaps squalor. Experience has demonstrated to me that there is no

reason why excellent results cannot be obtained under any of these circumstances. The same brains and fingers which do successful hospital surgery can likewise devise means and execute methods under the domestic roof which will promise to the patient quite as much hope as to the outcome of a surgical procedure as could be expected amidst the most pretentious hospital furnishings, *provided*, thought and personal exertion are given to the particular case that the justification of a proposed operative interference ought to demand. Every hospital surgeon becomes so spoiled after a while by being accustomed to having all the drudgery and detail of preparation for an operation done by his assistants and nurses that it is irksome to work outside the hospital, and as few operations are done by him in the homes of the sick, as either the emergency, or absolute refusal upon the part of patient or family, preclude removal to either private or public hospital. I have long been impressed by the conviction that the sick do better at home, even if an humble one, there surrounded by familiar faces and scenes, all that goes to make "no place like home" if the necessities of life are supplied and an experienced up-to-date educated mind is in authority, directing the execution of the laws of hygiene, extemporizing when necessary in order to successfully apply practically its principles.

There are only two emergencies in surgical practice which, because of their urgency, demand immediate action without consideration of the laws of asepsis and antisepsis. The first is tracheotomy, when suffcation is imminent and any delay even of a few seconds means death; the second is the arrest of hemorrhage under the same circumstances. To illustrate: A young man suffering from facial erysipelas developed symptoms of a spread of the inflammatory area into the air passages. Every known expedient had been exhausted upon the part of the physicians in charge to control and reduce the inflammatory swelling, threatening œdema of the glottis, and with a false sense of the patient's security they had gone home for a much needed rest. A hastened summons in the early morning hours brought a surgeon to the bedside of the patient, apparently dead from suffocation. A rapid tracheotomy with the simplest of instruments, the

surgeon having had time only to remove his hat and gloves, "brought back to life" an otherwise immediately fatal case.

A young man standing in front of a building was struck in the neck by a piece of falling window glass, causing a wound from which the blood spurted. The victim started to run towards the office of a physician about a half a block distant. A surgeon who happened to see the accident, ran towards him and seizing the then almost fatally wounded man, pressed his thumbs into the wound, controlling the bleeding until a colleague arrived, who with the sidewalk for an operating table and pocket case instruments as his armamentarium, successfully ligated the internal carotid artery and internal jugular vein, the patient recovering without mishap.

It is quite possible for the general practitioner to carry out the recommendations of those who formulate the rules by which aseptic surgery must be practiced. There are very few towns of 5,000 or less inhabitants, where trained nurses are at work, because the inhabitants have not been educated to pay $20 to $25 per week for their services; neither have the farmers; therefore, the practitioner outside of the larger cities and often in the largest, must rely upon his colleagues, friends of the patient's and members of their households, to aid in all preparations for a proposed operation, and in the execution of the procedure itself. In order to do this satisfactorily it is essential to be simple in one's own acts, in giving directions to those about to aid,—impressing one main idea,—*cleanliness*. This to be obtained first by the operator himself or a trained colleague, rendering everything, such as instruments, ligatures and sewing material, gauze mops (sponges), dressings and towels sterile, placing them ready for use and protected from contamination by their immediate surroundings, and having done this, to render the field of operation sterile. If this has been done, a failure to carry out an aseptic operation rests chiefly with the operator, and not his assistants, and a conscientious endeavor upon the part of the surgeon to carry out in principle in the technique of his operation, that which he has begun in his preparation, will sooner or later meet with the best of success obtainable in any hospital. If called upon at home or from a distance to perform a surgical operation, the best lighted

room is selected in which to operate, draperies are removed as well as all light furniture. A visit to the kitchen and other rooms will result in the finding of an operating table, either long enough for the case in hand, or else by placing a small table at either end to support the head or feet, will answer all purposes ; in lieu of the small table, a box rested upon a chair does very well, or even in most cases a table sufficiently long to support the head, trunk and lower extremities as far as the flexure of the knees will do. A short kitchen table can usually be lengthened, as described, so as to answer the purposes of an operating table better than can the usual extension dining room table, which is too wide for efficient aid from an assistant, when perhaps it may be most needed. When the Trendelenburg posture is required and the surgeon has not at hand a Krug frame, or some similar contrivance, the difficulty is easily overcome by tightly pinning a folded sheet or blanket around the four legs of a stiff-backed chair, the sheet or blanket being so fastened that it covers well the bottom of the chair legs. When the chair is placed upon the table in the position of a "bed-rest" it makes a frame upon which with the legs hanging over the pinned sheet or blanket, a Trendelenburg position of from 40 to 45 degrees is obtained. I have proven the practicability of this device on several occasions, one of the most urgent being a desperate case of ruptured tubal pregnancy, and especially is the Trendelenburg position useful in this serious accident as it tends to minimize the bleeding, and at the same time stimulates the cardiac and respiratory centers ; it allows of more accurate and rapid manipulation of the pelvic contents.

One table is selected upon which to place instruments ; another for dressings and sponging material. Most any piece of furniture having a flat top will do quite as well as a table for these purposes. Chairs should be placed convenient to both the operator and his assistant, upon which may be placed bowls to contain boiled water or antiseptic solutions in which their hands may be dipped from time to time. The anæsthetizer should receive the consideration of a chair.

In the houses of the very poor, one or two chairs, a box, and even the floor, may be made to answer all necessities. My own practice for some time, has been to have my whole operating outfit

for a proposed operation sterilized at home before leaving for the field of operation. My instruments are boiled, wiped dry with a sterilized towel and placed in a sterilized canvas roll; in this roll are placed my needles, silk and silk worm gut wrapped in a piece of sterile gauze. The roll is then pinned up in sterilized towels. Drainage tubes (glass and rubber), nail brushes, towels, operating gowns (always three or four for use of myself and assistants), bandages, gauze and cotton, after sterilization in a Boerkman sterilizer, are similarly wrapped up. Instrument trays are likewise sterilized and protected. A cheap canvas "telescope" of medium size will hold the necessities for any surgical operation. I carry every thing in one of them, except my anæsthetizing outfit, jar of iodoform gauze, sterile collodion, iodoform and boric acid in dusting bottles, turpentine and alcohol, bichloride tablets, soap mixture, antiseptic silk and catgut. These are put in my surgeon's bag. Silk may be made and preserved sterile by boiling in water for one hour, and then placed in a 5 per cent carbolic acid solution, made by adding the acid to freshly boiled water. Absolutely sterile catgut may be made by dry heat of very high temperature and can be procured of the supply houses. I have bought with entire satisfaction of Truax, Green & Co., Chicago. At present the use of formalin in the sterilization of catgut is the latest and perhaps the best method, but as the method we have employed for several years in the Clarkson Hospital has given uniformly the results wished for, I propose to cling to it until undeceived. It is as follows:

A good article of catgut of different sizes is wound and twisted into loose rings about one-half to one inch in diameter; these are placed in bichloride ether, 1-1000, for twenty-four hours, removed and placed in bichloride alcohol, 1-1000, for twenty-four hours. The gut is then placed in alcohol, and the bottle, a wide mouthed one, lightly stopped with sterile cotton, is placed in a vessel of boiling water and boiled for fifteen minutes. This boiling is repeated for three successive days, adding sufficient alcohol when too much evaporates. After the third boiling the gut is placed in absolute alcohol and is ready for use. Of course in its preparation, and whenever any is required for use, it must be removed from the bottle with sterilized forceps.

It is best I believe to chromicise all catgut, as it adds to its strength and resistance to rapid absorption. We use this method: After the gut is removed from the bichloride alcohol, 1-1000, it is placed into this solution: chromic acid, 1 part; carbolic acid, 200 parts; sterile water, 2,000 parts. After twenty-four hours the gut is removed and placed in absolute alcohol. It is a mistake to add bichloride of mercury to the preserving absolute alcohol, as it renders the gut too brittle.

Since I have in a great measure given up using catgut, silk and gauzes prepared by the supply houses, my results have been better and my expenses in that direction materially lessened, and I would therefore urge every surgeon to prepare his own material. However, for the ordinary minor surgery of the office, factory, and private family, I believe it is best to keep at hand moist antiseptic gauzes from reliable houses. These gauzes are more convenient, safe and economical if bought in one-yard packages. The continued re-opening of the five-yard packages leads to danger of infection, besides they are bulky. Very little gauze or cotton is needed in any freshly made wound unless oozing is anticipated or drainage provided for. A light gauze or cotton collodion dressing is preferable. For the same kind of work I can recommend the sewing material prepared in sealed glass tubes and furnished by the supply houses. Only the grossest carelessness could contaminate either the needles, silk, catgut or silk worm gut, as they are absolutely aseptic when the tube is broken. Silk should, when possible, be boiled immediately before using. Gauze can be bought from the dry goods houses at 3½ cents per yard. To prepare for use, boil for fifteen minutes in a solution of carbonate of soda, 1 dram to 1 quart of water, and then for one-half hour in clear water; cut into sized pieces desired and put into an Arnold's or Boerkman's sterilizer for one hour before using. It might be more desirable in transporting gauze after sterilization to put it into some sterilized glass vessel or jar.

Iodoform gauze may be thus prepared:

Salt solution soapsuds.....11$\frac{3}{5}$
Iodoform powder.....10$\frac{5}{5}$
Sterilized gauze.....3 yards

Mix thoroughly. Run the solution well into the meshes, and when thoroughly impregnated, roll loosely and keep in colored glass jars.

We prepare sterile collodion in this way :

Ether (Squibb's)..... .....
Alcohol (absolute) aa..... .....℥VIss
To this add m. XVI of a solution made by dissolving gr. 15 of bichloride of mercury crystals in absolute alcohol ℥XI. Then add of "Anthony's snowy cotton" sufficient to make a syrup.

It is presumed that every surgeon owns some kind of sterilizer ; the simplest, best and cheapest being the Boerkman or Arnold. The instruments, silk or silk worm gut, together with towels, aprons, gauze for sponging and dressings, may be sterilized at the patient's home during the hour preceding the operation, while the room is being gotten ready, tables, chairs, boxes, etc., placed in position and well scrubbed with soap and water, and then washed off with a 1-1000 bichloride solution. All the clean sheets and towels of the establishment, or as many as may possibly be needed, are brought into the operating room for future use as required. If time has permitted, these should have been freshly washed and ironed. The surgeon and assistants can now "scrub up," *i. e.*, use liberal quantities of soft soap and warm sterilized water, apply the nail brush vigorously and the nail cleaner carefully. The arms should be well scrubbed to the elbows ; the hands and arms should now be well washed with warm sterilized water, and then again with a 1-1000 bichloride solution. If this procedure is carried out conscientiously and not with a "lick and a promise," it is all that is necessary. My own practice is somewhat different ; instead of soft soap I use a mixture of three parts soft soap, three parts corn meal and one part black mustard ; and, besides the other details, I usually, last of all, have alcohol poured onto my hands. Sometimes I use soft soap and turpentine, with liberal quantities of ordinary warm water, a stiff nail brush and a nail cleaner. These two methods can render the hands proof against infecting any wound. The wound area or proposed wound area is prepared in a similar fashion.

No one should attempt to practice surgery who does not know how to make his patient clean, make himself clean, and keep both clean ; anything short of this is wrong. It makes no difference how the object is obtained, whether the teachings of Tait, Price, von Bergman or Gerster are followed. The surgeon who has first

learned the principles and niceties of modern aseptic and antiseptic surgery can practice successfully with very few trimmings. No one should ever do surgery of a type likely to jeopardize human life until he or she has learned how to exercise self-control, to learn the importance of details. As in morals, so in surgery; after proper teaching, it is "easier to do right than wrong." I have no patience with the semi-educated, semi-dexterous, semi-conscientious medical man, who for vainglory, hypocrisy and the mighty dollar sacrifices human life. I have the greatest respect for the honest, ambitious, hard worker, whose brains and skill are as capable of development in the country as in the city, and I would urge every such man having a taste for surgery to learn to be ever watchful of small things. This is a period of education; the day of the born physician and surgeon is past.

Doctors Are Ushers.

The world is a stage, so an old adage says,
And men are the actors who play—
Then doctors are ushers who welcome them on,
And tenderly speed them away.

The dear little babes they lovingly bring,
And welcome to day and the light;
The aged and weary they tenderly soothe,
As they pass in the shadows of night.

That beautiful city just over the way,
Where sorrow and death never come,
Is anxiously thronging with people, they say,
To welcome the doctor man home.

It is said that they never grow weary up there,
No night calls are made in the cold;
That the streets of the city are golden and fair,
And the citizens never grow old.

Toil on, then, ye ushers of children and men;
Go labor in day and the night;
And know that a welcome, both tender and warm,
Awaits in the city of light.

—*W. J. Bell, M. D., in American Medical Journalist.*

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PRESIDENT OF THE IOWA STATE MEDICAL SOCIETY.

Dr. Edward Hornibrook, of Cherokee, Iowa, was born in Grenville county, Ontario, October 28, 1838. He is of Irish extraction and posesses the strong and sterling qualities which characterize the Celtic race.

His father's family was of Welsh extraction, and first entered Ireland as soldiers under Cromwell. They have been, for the most part, soldiers, manufacturers, and professional men, and are now scattered throughout the United States and British colonies. None in the direct line have remained in Ireland, although there are many of the same name in the province of Munster.

His father was engaged in the linen trade in Cork county, Ireland, until 1822, when the industry becoming unprofitable, he emigrated to Canada and became a prosperous farmer. He died in 1872, leaving ten children and numerous grandchildren.

Dr. Hornibrook's mother was of the famous family of Burchell, one of whom figures in Goldsmith's "Vicar of Wakefield," who went to Ireland at the time of the Danish invasion.

The early school days of the Doctor were typical of pioneer life, little being taught outside of the three R's; but later he was given the advantage of private tuition under a Welsh clergyman, a graduate of Oxford. For several years he attended the best schools within his reach, and at the age of sixteen matriculated at the University of Toronto, obtaining highest honors in chemistry, botany, zoölogy, mathematics. He pursued the scientific course somewhat irregularly for more than seven years. His medical education was received at the University of Victoria college, Toronto, where he graduated in 1861. He taught school between

the college sessions, at the same time keeping on with his medical studies.

He engaged in the practice of medicine at Mitchell, Ontario, in 1861, where he remained until 1879, when ill health led him to remove to Cherokee, Iowa, at which place he continued in professional life.

He was trustee of the Iowa Hospital for the Insane at Independence from 1891 to 1896, and was almost immediately elected president of the board, which office he held to the end of his term, being well fitted for the position by his rare wisdom, decision of character, and unflinching loyalty.

He was an active advocate of a fourth insane hospital for the state, and when public opinion settled in favor of state instead of county care for the insane, was largely instrumental in securing its location at Cherokee.

He is dean of the medical faculty and professor of gynæcology of the Sioux City College of Medicine, consulting physician and surgeon of the Hospital for Insane at Independence, and president of the State Medical Society.

It is well worthy of mention that in the many positions of trust and responsibility which the Doctor has held in this and his native country, the office has sought the man, not the man the office.

The Doctor is a man of marked literary tastes, and his various contributions to the press have been on topics of a medical, medico-legal, hygienic, political, and social nature.

He is a man who is not easily overcome by difficulty or adversity ; a man of industry and perseverance, marked fidelity to duty and friendship, but uncompromising as an opponent ; a devoted husband and father, skillful in his profession, true to his political principles, but even more true to his idea of right. Dr. Hornibrook is at the high tide of his life's work.

Osteopathy.

Governor Tanner, of Illinois, has just vetoed the measure to license osteopathy in that state. His argument cannot be gainsaid. He says in part :

The act is clearly in the nature of class legislation, in that it discriminates in favor of one particular method of treating diseases of the human

body, and against all other methods. To allow this measure to become a law would be demoralizing to the practice of medicine and treatment of diseases of the human body, and to a large extent destroy the usefulness of the State Board of Health. The act would open wide the doors of Illinois to incompetent, dishonest and unscrupulous adventurers, calling themselves practitioners of osteopathy, and there would be no remedy.

The more meritorious the system, the better it can afford to stand on a perfect equality with other recognized systems, and willingly subject itself to the control of the State Board of Health, under the general law.

If by my veto I was subjecting the adherents of the new system to any undue hardships, or depriving them of any rights enjoyed by others engaged in the laudable business of healing the afflicted, I would hesitate, but I am not. The system or method being new, comparatively untested, and very indefinitely understood, there is all the more reason for the general supervision and control of the State Board of Health, without which I am unwilling to give my approval, and therefore return the bill to be filed with my objections.

It is now time to see the candidates for the legislature in Iowa and ascertain how they stand on questions of medical interest which may come up this winter. Osteopathy is seeking to extend its fraudulent practices into many of the states of the Mississippi valley. They may attempt to repeal our law which has just been passed. Make it a point to see your candidates.

STATE NEWS.

Dr. M. M. Loomis, Rush '97, has succeeded Dr. Jay A. Potter, at Cascade.

Dr. J. O. Skinner, of Des Moines, has been appointed a member of the pension examining board.

Drs. W. M. and A. W. Tigner, of Churdan, spent the month of June on a vacation trip to Louisiana.

Dr. J. S. White, of Montour, reports an interesting case of cretenism cured by the use of desiccated thyroids.

Mr. M. L. Kellogg, of Sioux City, has been appointed commissioner of the Cherokee hospital, vice Major Conger, resigned.

A physician of fine address, speaking English and German, a good surgeon and gynæcologist, member of State Society, and of eight years' experience, will accept an engagement as substitute for a short time. Address M. D., Box 244, Churdan, Iowa.

We would be pleased to have a few copies of the April, 1897, issue. If any one has copies to spare we will send postage for same.

Dr. C. Jonnsson, of Clinton, remained at Philadelphia a few weeks after the meeting of the American Medical Association to attend clinical work.

Drs. J. M. Cox, J. W. Huff, and D. G. Glass, have been appointed pension examiners at Onawa, and Drs. A. L. Brooks, R. L. Harris, and H. D. Miller, at Audubon.

Dr. A. L. Wright, of Carroll, sails for Moscow, Russia, on July 3d. For the past two years the Doctor's private hospital has been crowded, and he will this fall greatly enlarge it.

Dr. Joel W. Smith, of Charles City, died on June 6th, 1897, of paralysis, aged 72 years. Dr. Smith has for years been prominent in Iowa medical circles. He was a member of the Iowa State Medical Society.

The medical profession of the state have sent us many letters strongly endorsing THE JOURNAL in regard to matters which it has recently forcibly brought out. We think, however, that more need not be said. We have placed the letters on file and express our thanks and appreciation to their authors for their kindly interest.

Dr. Jerome Burbank died at his home, Waverly, Iowa, May 26, 1897, at the age of 70. He was a graduate of the Keokuk Medical College. During the Civil War he was surgeon of the Thirty-third Wisconsin Regiment, after which he served one term in the Wisconsin legislature. The Doctor's many friends will regret to hear of his death.

The papers of the Iowa State Railway Association, which should now be running in THE JOURNAL, are being held by one of the officers of the association because he holds a different view from the editor on certain medical questions which have recently been discussed in THE JOURNAL. We are ready to print these papers whenever they are handed in.

On June 16th the Crawford County Medical Society was organized and the following officers elected: C. W. Carr, M. D., Dow City, president; H. A. Boyle, M. D., Denison, vice-president; J. W. Waterhouse, M. D., Charter Oak, secretary; Dr. Gardner,

Manilla, treasurer ; committee on by-laws, resolutions, etc.: Drs. Bond, Evans, and Mueller. We hope that before the year has expired every county in the state will have effected an organization.

Dr. Max E. Witte, first assistant physician at the insane hospital at Mt. Pleasant for the past sixteen years, this month assumes the editorship of the department of Neurology and Medical Jurisprudence. His paper on "Epilepsy" in this issue of THE JOURNAL speaks much better than any words of our own as to the strength which Dr. Witte will add to THE IOWA MEDICAL JOURNAL. In the past sixteen years Dr. Witte has accumulated a storehouse of knowledge which, when presented by his facile pen, will be of much value to the profession of the state. Dr. Witte is a painstaking, earnest physician, whose true worth is attested by the long service which he has rendered in one of the leading hospitals for the insane in Iowa.

In the addition of Dr. J. E. Summers, of Omaha, to the staff of THE JOURNAL its value is thereby materially enhanced. Dr. Summers is perhaps the most brilliant young surgeon in the middle-west to-day. He is highly educated, a scientific investigator, an original worker, a prolific writer, and a careful operator. His success has been phenomenal. Dr. Summers can practically be considered a member of the Iowa profession, as fully half of his territory lies within this state, and he is a member of a number of the medical organizations of the state.

John E. Summers, Jr., the son of Col. John E. Summers, U. S. Army (surgeon retired), was born at Fort Kearney, Neb., January 9, 1858. Received his medical education from the College of Physicians and Surgeons, Columbia University, New York City, graduating in the spring of 1881. Served in the army for two years as an acting assistant surgeon. After resigning studied medicine in Europe for two years ; has practiced in Omaha for the past twelve years ; been Professor Principles and Practice of Surgery, and Clinical Surgery, in the Omaha Medical College, for ten years ; is Surgeon in Chief Clarkson Memorial Hospital, Attending Surgeon Douglas County Hospital, formerly Surgeon in Chief Immanuel Hospital, ex-President Nebraska State Medical Society, Western Surgical and Gynæcological Association, Omaha Medical Society, etc., etc.

Ralph Reynolds, of Calhoun county, has been a third time removed to the insane hospital at Clarinda. His case is a result of a so-called practical joke. Three years ago he was out one evening with a party of young men when the conversation turned upon ghosts. Reynolds is said to have asserted that he had no fear of spirits and then some one suggested that a few nights previous a man had been killed on a bridge a few miles distant, and that his ghost walked every night. It was suggested that the crowd go to the bridge and verify the statement. The proposition was agreed to. One of the boys took a short cut and obtained a sheet, and when the bridge was reached ran out and started for Reynolds. The latter was frightened almost to the point of insanity and started to run. He gave no heed to the call of his companions, but ran at breakneck speed for his home, a distance of about six miles. He reached the doorstep in an utterly worn out condition and collapsed, becoming unconscious before he could be placed upon a bed, it is said. He was sick for many weeks and finally left the bed with his mind in a shattered condition.

The second annual picnic of the Decatur County Medical Association was held at the park in Davis City, Iowa, Thursday and Friday, June 17 and 18, 1897.

Officers of the society: President, Dr. A. Brown, Leon; vice-president, Dr. J. W. Wailes, Davis City; secretary, Dr. F. A. Bowman, Leon; treasurer, Dr. B. R. McAllister, Leon.

Thursday, June 17, 1:00 P. M.—Section on Surgery, Dr. H. R. Layton, chairman: "Surgical Bacteriology," Dr. Enos Mitchell; discussion opened by Dr. J. H. Hansen; "Hernia, Dr. B. L. Eiker; discussion opened by Dr. A. Brown; "Wounds and Injuries to the Eye," Dr. A. W. Sherman; discussion opened by Dr. H. R. Layton. Section on General Medicine, Dr. J. B. Horner, chairman: "Post Nasal Catarrh," Dr. J. W. Wailes; discussion opened by Dr. A. W. Sherman; "Habitues," Dr. E. Warren Doolittle; general discussion; "Typhoid Fever," Dr. W. L. Gleason; discussion opened by Dr. I. M. Lovett; "Eczema, its Diagnosis and Treatment," Dr. O. W. Foxworthy; general discussion.

Banquet, Dr. J. B. Horner, toastmaster: "The Medical Society," Dr. A. Brown; "Scientific Medicine," Dr. A. W. Sher-

man; "The Physician Himself," Dr. J. H. Hansen; "The Ladies," Dr. A. W. Howe; "Medical Education," Dr. E. Warren Doolittle; "American Medical Education," Dr. L. R. Hinsdill; "Business Sagacity," Dr. Enos Mitchell; "Our Visitors," Dr. J. W. Wailes; "The Young Physician," Dr. B. L. Eiker; "Our Host," Rev. J. H. McKay; "The Press," Ben. W. Lanning; "Pharmacy," T. E. Horner; "Forensic Medicine," Marion F. Stookey; "Professional Etiquette," Dr. H. R. Layton; "Our Patients," Dr. O. W. Foxworthy; "The Babies," Dr. B. R. McAllister.

Friday, 9:00 A. M.—Section on Gynæcology and Obstetrics, E. Warren Doolittle, chairman: "Pregnancy and Dropsy," Dr. J. B. Horner; discussion opened by Dr. Enos Mitchell; "Gynæcology in General Practice," Dr. L. J. Landis; discussion opened by Dr. J. B. Horner; "Phlegmasia Alba Dolens," Dr. L. R. Hinsdill; discussion opened by Dr. E. Warren Doolittle; "Care of the Mother Before and After Confinement," Dr. B. R. McAllister; general discussion.

The annual meeting of the Eastern Iowa District Medical Association was held at Washington, Iowa, Thursday, June 24, 1897. Officers: Dr. J. W. Holiday, president, Burlington; Dr. Calvin Snook, vice-president, Fairfield; Dr. M. C. Carpenter, secretary, Fairfield; Dr. J. H. Hull, chairman committee on arrangements, Washington.

Program: "Arterial Sclerosis," Dr. G. B. Little, Burlington; "My Experience with the Use of Antitoxin," Dr. B. W. Searle, Ottumwa; "Injuries of the Eye-ball," Dr. R. M. Lapsley, Keokuk; "Surgical Treatment of Chronic Hernia," Dr. H. A. Leipziger, Burlington; Paper, subject not announced, Dr. D. W. Finlayson, Des Moines; "Gastro-Intestinal Hemorrhage and Tetanus in the Unborn," Dr. C. E. Ruth, Keokuk; "Thoughts about Codes," Dr. C. Snook, Fairfield; "Widal's Test in Diagnosis of Typhoid Fever, with Demonstrations," Dr. W. B. La Force, Ottumwa; "Uses and Abuses of Emmet's Operation," Dr. J. C. Shrader, Iowa City; "Injuries to the Kidneys," Dr. D. C. Brockman, Ottumwa; Paper, subject not announced, Dr. F. B. Dorsey, Keokuk; "A System of Keeping Clinical Notes," Dr. J. F. Clarke, Fairfield.

The twenty-fourth annual session of the Des Moines Valley Medical Association met at Ottumwa, Thursday, June 17, 1897. Officers: President, Dr. Henry W. Miser, Lovilla; vice-president, Dr. J. Fred Clark, Fairfield; secretary and treasurer, Dr. W. B. La Force, Ottumwa; assistant secretary and treasurer, Dr. E. A. Sheafe, Ottumwa.

Program: President's address, Dr. Henry W. Miser, Lovilla; "Exophthalmic Goitre in Iowa," Dr. J. Fred Clark, Fairfield; discussion opened by Dr. Henry C. Eschbach, Albia; "Hemorrhoids," Dr. C. B. Powell, Albia; discussion opened by Dr. A. O. Williams, Ottumwa; "Endometritis, its Etiology, Pathology and Diagnosis," Dr. L. A. Rogers, Oskaloosa; "Its Treatment," Dr. Margaret Billingsley Mills, Ottumwa; discussion opened by Dr. S. A. Spilman, Ottumwa; "Intestinal Obstruction, its Diagnosis and Treatment," Dr. J. B. Murphy, Chicago; "Traumatic Cataracts," Dr. M. F. Patterson, Des Moines; discussion opened by Dr. Frank E. Sampson, Creston; Reports of Cases — Dr. A. O. Geezeka, Mt. Pleasant; Dr. B. N. Torrey, Creston; Dr. Roger N. Cressap, Bonaparte.

At 7:00 o'clock P. M. supper was served by the ladies of Trinity Guild, in the lecture room of Trinity Episcopal church. Master of ceremonies, Dr. John W. Young, Bloomfield. Toasts: "The Best of All," Dr. D. W. Finlayson, Des Moines; "The Worst of All," Dr. D. C. Brockman, Ottumwa; "The Doctor's Fee," Dr. H. E. Hunter, Newton; "Trials of the Cross-Roads Physician," Dr. H. E. Martin, Delta; "Noblesse Oblige," Rev. F. W. Hinnitt, Ph. D., Ottumwa; "There Are Others," Dr. G. Frank Lydstron, Chicago.

The second annual meeting of the Sioux Valley Medical Association was held at Rock Rapids, Iowa, June 16, 1897.

Officers: President, Dr. S. A. Brown, Sioux Falls, S. D.; vice-president, Dr. J. A. Sherman, Cherokee; treasurer, Dr. G. G. Cottam, Rock Rapids; secretary, Dr. J. N. Warren, Sioux City.

Program: President's address, Dr. S. A. Brown, Sioux Falls, S. D.; Address on Obstetrics, Dr. M. W. Richey, Le Mars; "Puerperal Eclampsia," Dr. M. W. White, Sioux City; Address on Gynæcology, Dr. J. N. Warren, Sioux City; "Endometritis," Dr. R. E. Conniff, Sioux City; "Report of Case of Tubal Preg-

nancy," Dr. V. B. Knott, Sioux City ; Address on Surgery, Dr. J. A. Sherman, Cherokee ; "I Never Amputate," Dr. A. M. Vail, Rock Rapids ; "Tuberculosis of Joints," Dr. Milo Avery, Aurelia; "Radical Cure of Hernia," Dr. G. G. Cottam, Rock Rapids ; "Administration of Anæsthetics," Dr. J. G. Biller, Cherokee ; Title Unannounced, Dr. A. Anderson, Estherville ; "Middle Ear Abscess," Dr. W. R. Brock, Sheldon ; "Predisposing Causes of Trachoma," Dr. George Park, Sioux City.

About fifty members were present, mostly from northwestern Iowa and southeast Dakota. Dr. J. A. Sherman, of Cherokee, was elected president. Next meeting will be held at Sioux City, in January.

BOOK NOTICES.

W. B. Saunders, of Philadelphia, has in preparation for early publication the following list :

"An American Text-Book of Genito-Urinary and Skin Diseases," edited by L. Bolton Bangs, M. D., late professor of genito-urinary and venereal diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M. D., professor of diseases of the skin, Missouri Medical College.

"An American Text-Book of Diseases of the Eye, Ear, Nose and Throat," edited by G. E. de Schweinitz, M. D., professor of ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M. D., professor of diseases of the ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

"MacDonald's Surgical Diagnosis and Treatment." Surgical diagnosis and treatment. By J. W. MacDonald, M. D., graduate of medicine of the University of Edinburgh ; licentiate of the Royal College of Surgeons, Edinburgh ; professor of the practice of surgery and of clinical surgery, Minneapolis College of Physicians and Surgeons.

"Anders' Theory and Practice of Medicine." A text-book of the theory and practice of medicine. By James M. Anders, M. D., Ph. D., LL. D., professor of the theory and practice of medicine and of clinical medicine, Medico-Chirurgical College, Philadelphia.

"Senn's Genito-Urinary Tuberculosis." Tuberculosis of the genito-urinary apparatus, male and female. By Nicholas Senn, M. D., Ph. D., LL. D., professor of the practice of surgery and clinical surgery, Rush Medical College, Chicago.

"Penrose's Gynæcology." Price, $3.50, in press. A text-book of gynæcology. By Charles B. Penrose, M. D., professor of gynæcology, University of Pennsylvania.

"Hirst's Obstetrics." A text-book of obstetrics. By Barton Cooke Hirst, M. D., professor of obstetrics, University of Pennsylvania.

"Moore's Orthopedic Surgery." A manual of orthopedic surgery. By James E. Moore, M. D., professor of orthopedics and adjunct professor of clinical surgery, University of Minnesota College of Medicine and Surgery.

"Heisler's Embryology." A text-book of embryology. By John C. Heisler, M. D., prosector to the professor of anatomy, medical department of the University of Pennsylvania.

"Mallory and Wright's Pathological Technique." Pathological technique. By Frank B. Mallory, A. M., M. D., assistant professor of pathology, Harvard Medical School; assistant pathologist to the Boston City Hospital; and James H. Wright, A. M., M. D., instructor in pathology, Harvard Medical School; pathologist to the Massachusetts General Hospital.

New volume in Saunders' Aid Series: "Sutton and Giles' Diseases of Women." Diseases of women. By J. Bland Sutton, F. R. C. S., assistant surgeon to Middlesex Hospital and surgeon to Chelsea Hospital, London; and Arthur E. Giles, M. D., B. Sc. Lond., F. R. C. S. Edin., assistant surgeon, Chelsea Hospital, London.

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H. H. BORN, M. D., Professor of Osteology.
H. H. STARK, Ph. G., M. D., Professor of Chemistry, Director of the Chemical Laboratories.

The regular session begins September 23, 1897.

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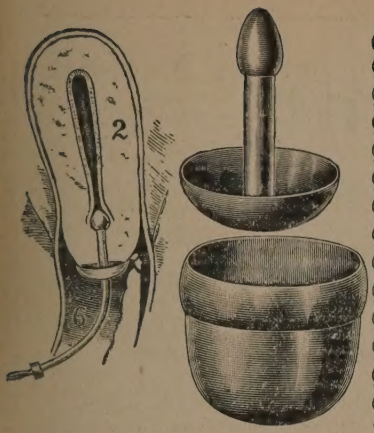

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